Linking EOL Care to Andersen’s Behavioural Model of Health Service Utilization

**Sampling and Process**

**Population**
- All eligible deaths, (2,15,000 over 2 years)
- Sample
  - Total random sample of 3000 to obtain 1200 participants
  - Sampled in ‘waves’ of 500, every 4 months, among deaths occurring 4 to 8 months prior to sampling date

**Initial Contact**
- By mail through Nova Scotia Vital Statistics
- Researcher Contact & Survey Interview
- Interested informants to supply their contact information to researchers

**Project Goal**
To examine the experience of EOL care among adults in Nova Scotia & to identify unmet needs, unfilled wishes regarding care preferences & satisfaction with EOL care using a population-based approach.

**Specific Objectives**

1. Estimate the prevalence of unmet need.
2. Estimate whether decedent care preferences (wishes) were fulfilled.
3. Estimate the satisfaction with EOL care received.
4. Examine the associations between age, sex & location of care with decedent unmet need, unfilled care preferences (wishes) & satisfaction with EOL care.

**Method**

**Design**
- Population-based follow back survey
- Administered by telephone

**Subjects**
- Death certificate informants of Nova Scotians who died during a 2 year study period (n=1200)
- Exclusions: <18 years at death
  - Death due to external causes, medical, surgical, pregnancy complications, self-harm
  - Incomplete informant contact information

**Survey Instrument**

‘After-death bereaved family member interview’ (Teno J et al. 2004)
- Adapted for Canadian use
- Good validity, reliability
- 6 problem score domains; 2 scale scores Questions pertain to last 30 and last 7 days of life

**Analysis**

**Descriptive**
- All items, problem score domains, scales
- Outcomes – proportion with unmet needs, unfilled wishes, satisfaction

**Regression analysis**
- Unadjusted & adjusted
- Linear & logistic
- Model interaction effects
- Modeling to assess confounding/ modifying effects of additional covariates

**Assessment for Potential Bias**

**Selection bias**
- Compare sample distribution of age, sex, cause of death to all eligible deaths (chi-square)

**Informant recall bias**
- Compare provincially funded health services provided to informant survey responses

**Proxy informant bias**
- Sensitivity analysis by adjusting for proxy respondent characteristics

**So What? The Value of This Study**
Provision of the first Canadian population-based estimates of patient need & care preferences at the EOL Begins the examination of inequities in utilization & outcome for varying groups For the first time, gather comprehensive information on all adult deaths due to chronic disease, not just cancer Results will provide key new information to guide program & policy planning at all levels of government.